

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/900-754 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5	/					
6		/				
7		/				
8	/					
9		/				
10		/				
11	/					
12	/					
13	/					
14	/					
15		(1)				
16		4				
17	/					
18		/				
19		/				
20	/					
21		2				
22	/					
23		(1)				
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50						
TOTAL IND.	12		2			
TOTAL DEP.	16		9			
TOTAL CLAIMS	28		11			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS